

## PART B - FEE(S) TRANSMITTAL

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20.551

Thorpe North & Western, LLP  
P.O. Box 1219  
Sandy, UT 84091-1219

## Certificate of Mailing or Transmission

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Maria E. Howell

(Depositor's name)

April 15, 2008

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/478,114	1/4/2000	Joseph O. Norris	00025-T4855.CIP	1266

TITLE OF INVENTION: Piezoelectric Film Sonic Emitter

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$0	\$720	04/25/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LEE, PING	2615	381-111000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
 "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.
2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1. THORPE NORTH & WESTERN LLP  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

## (A) NAME OF ASSIGNEE

American Technology Corporation

## (B) RESIDENCE: (CITY AND STATE OR COUNTRY)

San Diego, CA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

## 4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 5

## 4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 20-0100 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

- b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date April 15, 2008

Typed or printed name: Marion R. Jones

Registration No. 51008

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